



PEG STATEMENT OF EXPENSES
2010/2011

Date Expense Incurred: _____ PEG Amount: _____

Pay To: _____ Social Security Number: _____

Address: _____

Purpose of Expense: _____

Submitted By (Signature) _____ Phone: _____ E-Mail: _____

Please forward this form and relevant receipts (payment will not be made without receipts) to:

Peter Ciparelli, PEG Chair
c/o Killingly Public Library
25 Westcott Road, Danielson CT 06239
860-779-5383 fax:860-779-1823
e-mail: pciparelli@biblio.org

PLEASE DO NOT WRITE BELOW THIS LINE, FOR THE USE OF THE PEG COMMITTEE

Endorsed By (Signature of PEG Chair): _____

Authorizing signature of Elected Executive Board Member: _____

Account: _____

Date Paid: _____

Check #: _____

Amount: _____

Date Mailed: _____

Date Recorded: _____

Reimbursement _____ Payment for Services _____